

03-27-02

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/652,991
		Filing Date	08/31/2000
		First Named Inventor	Yates, Donald L.
		Group Art Unit	1746
		Examiner Name	Carrillo
Total Number of Pages in This Submission		Attorney Docket Number	MTI-31046

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Preliminary Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<b>RECEIVED</b>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	MAY 29 2002
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	TC 1700
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<b>Remarks</b>	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Replacement Claims and Formal Drawings (3 sheets)	

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Kristine M. Strodtbock Whyte, Hirschboeck, Dudek, S.C.
Signature	<i>Kristine M. Strodtbock</i>
Date	March 26, 2002

## CERTIFICATE OF MAILING

Express Mail EL 810082672US

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

**MARCH 26, 2002**

Typed or printed name	<i>JASON CHIUSO</i>	
Signature	<i>J. Chiuso</i>	Date 3/26/02

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O I P E  
MAR 26 2002  
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PTO/SB/17 (10-01)

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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT** (\$)**1554.00**

## Complete if Known

Application Number	09/652,991
Filing Date	08/31/2000
First Named Inventor	Yates, Donald L.
Examiner Name	Carrillo
Group Art Unit	1746
Attorney Docket No.	MTI-31046

## METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	232053
Deposit Account Name	

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2.  Payment Enclosed:

Check  Credit card  Money Order  Other

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65 Surcharge - late filing fee or oath	0.00
127	50	227	25 Surcharge - late provisional filing fee or cover sheet	0.00
139	130	139	130 Non-English specification	0.00
147	2,520	147	2,520 For filing a request for ex parte reexamination	0.00
112	920*	112	920* Requesting publication of SIR prior to Examiner action	0.00
113	1,840*	113	1,840* Requesting publication of SIR after Examiner action	0.00
115	110	215	55 Extension for reply within first month	0.00
116	400	216	200 Extension for reply within second month	0.00
117	920	217	460 Extension for reply within third month	0.00
118	1,440	218	720 Extension for reply within fourth month	0.00
128	1,960	228	980 Extension for reply within fifth month	0.00
119	320	219	160 Notice of Appeal	0.00
120	320	220	160 Filing a brief in support of an appeal	0.00
121	280	221	140 Request for oral hearing	0.00
138	1,510	138	1,510 Petition to institute a public use proceeding	0.00
140	110	240	55 Petition to revive - unavoidable	0.00
141	1,280	241	640 Petition to revive - unintentional	0.00
142	1,280	242	640 Utility issue fee (or reissue)	0.00
143	460	243	230 Design issue fee	0.00
144	620	244	310 Plant issue fee	0.00
122	130	122	130 Petitions to the Commissioner	0.00
123	50	123	50 Processing fee under 37 CFR 1.17(q)	0.00
126	180	126	180 Submission of Information Disclosure Stmt	0.00
581	40	581	40 Recording each patent assignment per property (times number of properties)	0.00
146	740	246	370 Filing a submission after final rejection (37 CFR § 1.129(a))	0.00
149	740	249	370 For each additional invention to be examined (37 CFR § 1.129(b))	0.00
179	740	279	370 Request for Continued Examination (RCE)	0.00
169	900	169	900 Request for expedited examination of a design application	0.00
Other fee (specify) <u>0</u>				0.00

**SUBTOTAL (1) (\$)**

### 2. EXTRA CLAIM FEES

Total Claims	82	-75	= 7	x 18.00	= 126.00
Independent Claims	31	-14	= 17	x 84.00	= 1428.00
Multiple Dependent					= 0.00

### Large Entity Small Entity

Fee Code (\$)	Large Entity Fee (\$)	Small Entity Fee Code (\$)	Fee Description
103	18	203	9 Claims in excess of 20
102	84	202	42 Independent claims in excess of 3
104	280	204	140 Multiple dependent claim, if not paid
109	84	209	42 ** Reissue independent claims over original patent
110	18	210	9 ** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2) (\$)**

\*or number previously paid, if greater; For Reissues, see above

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3) (\$)**

0.00

## SUBMITTED BY

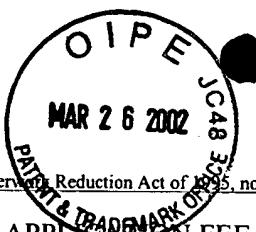
Complete (if applicable)

Name (Print/Type)	Kristine M. Strodtthoff	Registration No. (Attorney/Agent)	34,259	Telephone	414 224 5814	
Signature	<i>Kristine M. Strodtthoff</i>				Date	March 26, 2002

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## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

09/652,991

CLAIMS AS FILED - PART I			SMALL ENTITY	OTHER THAN SMALL ENTITY
(Column 1)		(Column 2)	RATE	FEES
FOR	NUMBER FILED	NUMBER EXTRA		
BASIC FEE (37 CFR 1.16(a))			\$ _____	
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*	x \$ _____ =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	*	x _____ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ _____ =	
			TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II			SMALL ENTITY	OTHER THAN SMALL ENTITY
(Column 1)		(Column 2)	(Column 3)	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	* 82	Minus	** 75	= 7
Independent (37 CFR 1.16(b))	* 31	Minus	*** 14	= 17
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				
	(Column 1)	(Column 2)	(Column 3)	ADDITIONAL FEE
				TOTAL ADDITIONAL FEE

CLAIMS AS AMENDED - PART II			SMALL ENTITY	OTHER THAN SMALL ENTITY
(Column 1)		(Column 2)	(Column 3)	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	*	Minus	**	=
Independent (37 CFR 1.16(b))	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				
	(Column 1)	(Column 2)	(Column 3)	ADDITIONAL FEE
				TOTAL ADDITIONAL FEE

CLAIMS AS AMENDED - PART II			SMALL ENTITY	OTHER THAN SMALL ENTITY
(Column 1)		(Column 2)	(Column 3)	
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	*	Minus	**	=
Independent (37 CFR 1.16(b))	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				
	(Column 1)	(Column 2)	(Column 3)	ADDITIONAL FEE
				TOTAL ADDITIONAL FEE

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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